

THE PUYALLUP TRIBAL HEALTH AUTHORITY

2209 East 32nd Street, Tacoma, Washington 98404

Tel: (253) 593-0232, Fax: (253) 593-3479

PERSONAL INFORMATION.....

Name: _____
Last First MI

Address: _____
Street Number City State Zip Code

Phone #: _____ Social Security #: _____

Are you a United States Citizen? YES or NO If no, Green Card #: _____

Proof of employment eligibility; i.e., picture I.D. and Social Security Card will be required at time of hire/orientation.

Are you Indian, Native American/Alaska Native born in the U.S.? NO, or YES, which federally recognized tribe, band, or corporation are you enrolled? _____

****To insure "Indian Preference", a copy of your proof of enrollment must be attached to this application.****

Is a member of your immediate family (husband, wife, son, daughter, mother, father, brother, sister) employed by the Puyallup Tribal Health Authority? NO or YES If yes, please indicate the family member:

Name _____ Relationship _____ Position held _____

Are you eligible for veteran's preference? NO or YES, please explain _____

EMPLOYMENT DESIRED.....

Position applying for: _____ Date you could start: _____

Have you ever been employed by the PTHA? NO or YES, complete the boxes below.

JOB TITLE	DATE OF EMPLOYMENT	SUPERVISOR'S NAME

EDUCATION.....

Circle the highest grade completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4

Graduate: 1 2 3 4 or Completed GED.

*When completing below please circle **Y**-yes or **N**-no for the graduate box. If **Y**-yes is circled, a copy of the diploma/certificate of the highest level attained must be provide with the application. Do not leave any information blank or your application may be delayed.

	Name of School	Location	Diploma/Degree	Major	Graduate
High School					Y or N
College/University					Y or N
College/University					Y or N
Graduate School					Y or N
Vocation Training					Y or N

List other educational, special skills, or licenses/certificates that you possess: _____

Have you ever been denied or had revoked a professional license or certification for the position you are applying for? No or Yes, please explain: _____

EMPLOYMENT HISTORY: Complete starting with your present or most recent position.**1.**

Employer Name: Address: Phone #:	Supervisor Name & Title:
Job Title:	Salary: Full -time Part-time
From: To:	Duties:
Reason for leaving:	

2.

Employer Name: Address: Phone #:	Supervisor Name & Title:
Job Title:	Salary: Full -time Part-time
From: To:	Duties:
Reason for leaving:	

3.

Employer Name: Address: Phone #:	Supervisor Name & Title:
Job Title:	Salary: Full -time Part-time
From: To:	Duties:
Reason for leaving:	

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

1. The PTHA does not discriminate on the basis of sex, age, race, color, religion, martial status, national origin, disability, and Veteran status. However, Native American preference applies. Interviews are given on a competitive basis using job-related factors.
2. Because of the large number of applications, not everyone who applies for a vacant position will necessarily be interviewed.
3. I authorize all previous employers/supervisors, including all persons with and for whom I have worked, to give PTHA's representative any and all information regarding my previous employment. I release PTHA and all previous employers/supervisors from liability for any damages that may result from furnishing information to PTHA.
4. I understand, if selected, I will be required to provide proof of identity and legal right to work in the United States prior to actual employment with the PTHA.
5. I agree to conform to the PTHA Personnel Policies and Procedures.
6. Pre-employment and employment drug testing may be required.
7. I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of this application will result in my being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission which becomes known to the PTHA, will result in immediate termination.

Applicants Signature: _____ Date: _____

**AUTHORIZATION FOR RELEASE OF INFORMATION
AND
REQUEST FOR CRIMINAL HISTORY CONVICTION RECORD INFORMATION**

I, _____, authorize release of information regarding myself from **all** law enforcement, DMV and credentialing and privileging agencies to the Puyallup Tribal Health Authority.* I release PTHA from all liability or responsibility for doing so. My signature gives the Puyallup Tribal Health Authority the authorization to make the above request and release.

FOR OUR SEARCH, PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE

Name: _____ Maiden: _____

Alias: _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____
Street City State Zip Code

County: _____ How long? _____

Previous Address: _____
Street City State Zip Code

County: _____ How long? _____

Please list the state and county of residences for the last ten (10) years:

Signature of Authorization

Date

For Office Use Only:

Superior: _____ State: _____

District: _____ Civil: _____

Level 1 c d e (select one)

Level 2 c d e (select two)

Level 3

* Personal Background Investigation

REFERENCE CHECK

_____ of Three

This boxed section should be completed by the applicant and returned to PTHA Human Resources Department. The remaining portion of the form will be completed by PTHA. PTHA will ask for three, (3) copies of this form, one for each reference.

** I authorize all previous employers/supervisors, including all persons with and for whom I have worked, to give the Puyallup Tribal Health Authority's representative any and all information regarding my previous employment. I release the Puyallup Tribal Health Authority and all previous employers/supervisors from liability for any damages that may result from furnishing information to the Puyallup Tribal Health Authority.

Applicant's Signature

Date

Applicant Name:

Position applying for:

REFERENCE INFORMATION:

Present/Previous employer name: Title :

Address:

Telephone: () Fax: ()

The following will be completed by the hiring manager or Human Resources after interviewing the applicant.

SCRIPT:

I am conducting a reference check on a former/present employee. Please answer the following questions to the best of your ability. Your answers will be used by the Puyallup Tribal Health Authority to assess the candidate's abilities.

Were you their immediate supervisor? ☐-YES ☐-NO If no, please describe your relationship:

Applicant's dates of employment: _____ to _____

What was their title? _____

Briefly describe their job responsibilities: _____

Describe their strengths: _____

Describe their weakness or areas where they might improve: _____

REFERENCE CHECK

Please rate the candidate, 1 (not acceptable) to 5 (excellent)

How would you rate the following:	1.	2.	3.	4.	5.
Attitude about attendance					
Attitude about time management					
Supervisory skills (if applicable)					
Technical (job skills)					
Ability to get along with co-workers					
Ability to get along with supervisors					
Ability to get along with patients/clients/customers					
Willingness to ask for instructions					
Dependability and cooperation					
Ability to take initiative					
Record of being honest/integrity					

In your opinion, what type of work is this person best suited for?:

Would you rehire this person? ☐-YES ☐-NO If no, please explain:

Additional comments:

Name of person collecting this information: Date: